

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036919

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 363

FILED OCT 14 1963

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Palmyra	
Length of stay in 1b 1 day		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If outside, give location) R. R. # 3	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HARVEY Middle JOSEPH Last SCHWARTZ			4. DATE OF DEATH Month October Day 5 Year 1963		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/25/1890	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Adams county, Ill.	
12. CITIZEN OF WHAT COUNTRY United States		13a. FATHER'S NAME Frank Schwartz		13b. MOTHER'S MAIDEN NAME Caroline Kill	
14. NAME OF HUSBAND OR WIFE Catherine Schwartz		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Catherine Schwartz, R. R. # 3		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct Rente		INTERVAL BETWEEN ONSET AND DEATH 24 hours	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2:05 a.m. p.m. Month, Day, Year 10/4/63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 10/4/63	
20f. CITY, TOWN, OR LOCATION Palmyra Mo.		20g. COUNTY Marion		20h. STATE Missouri	
21. I attended the deceased from 10/4/63 to 10/5/63 and last saw him alive on 10/5/63		21a. Death occurred at 2:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		21b. DATE SIGNED 10/7/63	
22a. SIGNATURE [Signature]		22b. ADDRESS Palmyra Mo.		22c. DATE SIGNED 10/7/63	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Oct. 8, 1963		23c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery	
23d. LOCATION (City, town, or county) Palmyra, Missouri		23e. DATE RECD. BY LOCAL REG. Oct 1, 1963		23f. REGISTRAR'S SIGNATURE [Signature]	

24. FUNERAL DIRECTOR Jack Schwartz - Hannibal		25. DATE RECD. BY LOCAL REG. Oct 1, 1963		26. REGISTRAR'S SIGNATURE [Signature]	
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1 0648
2 0640
3
4 0
5 1
6
7 1
8 2
9 420.1
10
11
12 2-0
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack Schwartz
Licensed Embalmer No. 4900

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be stated above.

Permit valid 10/1/63